

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN6101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2013
NAME OF PROVIDER OR SUPPLIER BROOKWOOD NURSING CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 332 RIVER ROAD DECATUR, TN 37322		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure dirty areas had an operable exhaust and clean areas were at a positive pressure. The findings include: Observation and interview with the Maintenance Director, on October 14, 2013 at 10:00 a.m., confirmed the following areas were not provided with proper ventilation: 1. The laundry dryer room (clean side) was not maintained under a positive pressure. 2. Resident room 207 was being used as a physical therapy room and was not provided with an exhaust. These findings were verified by the Maintenance Supervisor and acknowledged by the administrator during the exit conference on October 14, 2013.</p>	N 848	<p>N 848</p> <p>1200-8-6-.08 (18) Building Standards</p> <p>The laundry dryer room (clean side) will be under positive pressure as of November 11, 2013.</p> <p>Resident room #207 that was being used as a physical therapy room will not longer be used as a treatment area. This will occurred by November 28, 2013.</p> <p>Maintenance Director will ensure that the laundry dryer room (clean side) is under positive pressure and the use of treatment areas to ensure that the area has positive pressure. This be will monitor for six months and report his finding to the Quality Assurance Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant), review or corrective action if indicated.</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6599

198X21

If continuation sheet 1 of 1